

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C93000000011

FILED
Jan 06, 2005
Secretary of State

Entity Name: TEMPLE BETH EL

Current Principal Place of Business:

579 NORTH NOVA ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

579 NORTH NOVA ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-6192854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURMAN, MICHAEL
12 BROADWATER DR
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HEASTER, LEWIS
Address: 11 BROADRIVER RD
City-St-Zip: ORMOND BCH, FL 32174

Title: V () Delete
Name: HOLTZ, RICHARD
Address: 5 CROSS CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: SACKS, DAVID
Address: 9 BROADWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: FURMAN, MICHAEL
Address: 12 BROAD WATER RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: BIGMAN, JEFFERY
Address: 20 HUNTSMAN LOOK
City-St-Zip: ORMOND BCH, FL 32174

Title: VP () Delete
Name: ORFINGER, MICHAEL
Address: 27 IROQUOIS TR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FURMAN

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date